

FOR OFFICE USE ONLY

The Commonwealth of Massachusetts
Department of Workforce Development
Division of Apprentice Training



P.O. Box 146759
19 Staniford Street, 1st Floor, Boston, MA 02114

Compliance Officer Number: _____

Sponsor Number: _____

APPRENTICE STATUS DATE

Date Entered

Completed /Certificate

Suspended

Cancelled

Military Service

Deceased

Fee: \$35.00 for photo ID (please include one passport size photo)

Apprentice ID
Number

APPRENTICE AGREEMENT FOR G. I. BILL RECIPIENTS

Pursuant to the Standards of Apprenticeship adopted by the Sponsor and registered with the Massachusetts Division of Apprentice Training, the provisions of which are hereby made part of this Agreement, and in compliance with the Massachusetts Plan for Equal Employment in Apprenticeship Training, WITNESSETH: that the Agreement is entered into by the undersigned:

(Name of Apprentice)

(Address of Apprentice)

(Name of Program Sponsor) (Employer, JAC, JATC, Assoc. of Employers or Org. of Employers.)

TRADE: _____ DATE HIRED IN THIS TRADE: _____

DATE APPRENTICESHIP BEGINS: _____ PROJECTED COMPLETION DATE: _____

TERM OF APPRENTICESHIP _____ HOURS. CREDIT FOR PREVIOUS EXPERIENCE: _____ HOURS.

GRADUATED SCALE OF WAGES IN (PERCENTAGES TO BE PAID THE APPRENTICE. (PERCENTAGES ARE BASED ON JOURNEY PERSON WAGES). [On projects where there is a prevailing rate set by law, the rate of pay shall comply with the wage rate or percentages stated on the wage schedules issued by the Department of Labor, the Division of Occupational Safety]

PERIOD(s): _____

1 st	3 rd	5 th	7 th	9 th	11 th	13 th
2 nd	4 th	6 th	8 th	10 th	12 th	14 th

Minimum Journey person rate as of (Date) _____ is \$ _____ per hour

NUMBER OF HOURS PER DAY AND TOTAL NUMBER OF HOURS PER WEEK TO BE WORKED BY THE APPRENTICE.
_____ hours per day _____ hours per week. Overtime Rate: _____

The parties hereto agree that the terms stated on the reverse side of this form are part of this agreement

(Signature of Apprentice) / (PLEASE SIGN IN BLUE INK)

(Signature of Program Sponsor) / (PLEASE SIGN IN BLUE INK)

Address of Program Sponsor)

(Signature of Union JAC, JATC) / (PLEASE SIGN IN BLUE INK)

Approved by the Division of Apprentice Training : _____ Date: _____

The Program Sponsor and the Apprentice, by affixing their signatures in conformity with the terms and conditions provided herein, hereby agree to the following:

The apprentice program sponsor shall ensure that the apprentice receives a minimum of 150 hours per year of related instructions in all subjects related to the trade. Such instructions may be given in a classroom or through correspondence courses or other forms of self-study, but must be approved by the Deputy Director. The sponsor will not necessarily be responsible for paying the cost of the related instruction or any books, other written materials, or supplies necessary for such instruction. If however, the apprentice is to be responsible for all or any portion of such costs it must be specified below.

COST TO BE INCURRED BY APPRENTICE: [please check item(s) that apply]

TUITION

BOOKS

TOOLS

NONE

The Program Sponsor agrees to abide by all applicable provisions of the Massachusetts Plan for Equal Employment in Apprenticeship Training.

The Apprentice agrees to be diligent and faithful in learning the stated trade or craft including mandatory attendance in 150 hrs. of related instruction classes, for each year of Apprenticeship.

The first 1000 hours of employment shall be a probationary period during which time this Agreement may be canceled by either party with notification to the other and to the Massachusetts Division of Apprentice Training.

This agreement must be approved by and filed with the Division of Apprentice Training before the apprentice starts work and copies must be returned to sponsor.

The Director of Apprentice Training may cancel the agreement subject to hearing upon application by any party.

The parties recognize that prevailing wage rates for public works projects are set by the Department of Labor the Division of Occupational Safety, and that the wages listed in these program standards do not supersede or replace the wage rates determined by the Department of Labor, the Division of Occupational Safety.

Completion of part or all of this last section of the Apprentice Agreement is MANDATORY. The information will remain confidential and will be used for aggregate statistical data only.

TO BE COMPLETED BY APPRENTICE (Please check, circle or fill in items as appropriate)										
SS#	(Date of Birth)			(phone)						
<u>SEX</u>	<u>ETHNIC GROUP</u>			<u>VETERAN</u>			<u>DISABLED</u>			
1. Male	1. White	2. Black	3. American Ind.or Alaskan Native	1.Vietnam Era Veteran			YES			
2. Female	4. Asian or Pacific Islander			2.Other Veteran			NO			
	5. Hispanic	6. Other		3.Non Veteran						
Circle highest grade of school completed 12 - GED - MCAS				COLLEGE	13	14	15	16	17	18

AFFIDAVIT BY APPRENTICE APPLICANT

Signature of Applicant:_____ Date:_____

State of Massachusetts, County of_____

I,_____ certify that I do not have any previous experience / training in the trade listed in this agreement prior to the date of hire.

Sworn and subscribed to before me this _____ day of _____

(Notary Public) Signature

(Notary Public) Print Name

My Commission Expires:_____

RETURN APPLICATION TO:

Division of Apprentice Training, P.O. Box 146759, 19 Staniford Street, 1st Floor. Boston, MA 02114